

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766884

**Entity Name:** PALM BAY HOSPITAL, INC.**Current Principal Place of Business:**6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955**Current Mailing Address:**C/O CORPORATE LEGAL DEPARTMENT  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US**FEI Number:** 59-2485595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANELLO, NICHOLAS W ESQ.  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASSISTANT TREASURER  
Name SCIALDONE, MICHAEL A  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title CEO  
Name ESROCK, BRETT  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name JOHNSON, STEVEN P.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, SECRETARY  
Name HENRY, ROBERT K.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title ASSISTANT SECRETARY  
Name ROMANELLO, NICHOLAS W. ESQ.  
Address C/O CORPORATE LEGAL  
DEPARTMENT  
6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name TRAN, ANTHONY M.D.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name GURRI, JOSEPH A. M.D.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, TREASURER  
Name KILBORNE, DANA S.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: NICHOLAS W. ROMANELLO****ASSISTANT SECRETARY 03/10/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MIKUEN, SCOTT T.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, VC  
Name SHAW, JAMES C.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name BISHOP, LARRY S M.D.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR  
Name PRESTWOOD, ALAN L.  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title DIRECTOR, CHAIRMAN  
Name SMITH, T. KENT  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name PATRICK, KIM K  
Address 6450 US HIGHWAY 1  
City-State-Zip: ROCKLEDGE FL 32955